

PERMIT NO. ISSUED _____



**CITY OF CHANDLER
APPLICATION FOR
SEXUALLY ORIENTED BUSINESS
MANAGER / SERVICE PROVIDER
CITY CODE CHAPTER 18**

☐ Manager ☐ Adult Service Provider

Nonrefundable Application Fee: \$100 _____ **DPS Fingerprinting Fee:** \$22 _____

Initial Permit Fee:

Jan. – Dec. \$100 _____ April – Dec. \$75 _____ July – Dec. \$50 _____ Oct. – Dec. \$25 _____

Application must be accompanied by passport size photos for identification card.

SECTION 1: Must be completed by the applicant. Applicant must appear in person at the Chandler Police Department for fingerprinting.

1. Name of Person Applying (Applicant): _____

2. Applicant's current residence address: _____

City / State: _____ Zip: _____ Phone: _____
(Note - Notice of address change is required within 10 days of any change.)

3. Business/Trade Name: _____

4. Address of Business: _____

City / State: _____ Zip: _____ Phone: _____

5. Applicant's residence addresses (Last 5 Years) (Attach additional sheet if necessary):

<u>Date (from/to)</u>	<u>Address</u>	<u>City/State/Zip</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. True name and any other names, aliases or stage names used in the last 5 years:

7. Arizona Driver's License No. _____, or Arizona ID No. _____,

or Military ID No. _____ Expiration Date: _____
(Picture identification issued by a governmental agency is required.)

8. Applicant's Social Security Number: _____

9. Applicant's Date of Birth: ____/____/____ (Must submit proof of age of majority.)

10. Business, Occupation, or Employment History (Last 3 Years):

<u>Date (from/to)</u>	<u>Business Name</u>	<u>Address</u>	<u>City/State/Zip</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. List any similar licenses / permits held; state if any have been revoked or suspended:

<u>Type of License</u>	<u>Issuing Agency</u>	<u>City/State</u>	<u>Dates Valid</u>	<u>Revoked/Suspended</u> <u>(Y/N)</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11a. If revoked or suspended, provide the details below listing the date and reason(s):

12. Have you, in the last three years, been convicted of a sexual offense described in A.R.S. §§ 13-1401 -- 13-1416, a racketeering offense as defined in A.R.S. § 13-2301.D.4, a prostitution offense described in A.R.S. §§ 13-3201 -- 13-3214, a drug offense described in A.R.S. §§ 13-3401 -- 13-3416, or a sexual exploitation of children offense described in A.R.S. §§ 13-3551 -- 13-3556, or any conviction in another jurisdiction for conduct which if carried out in Arizona would constitute an offense stated in this paragraph?

Yes [☐] No [☐]

12a. If "yes" provide details (date, place, violation, and sentence):

SECTION 2:
Signature / Certification.

I certify that all information presented is true and correct. I agree to submit any changes in this application within 24 hours (1 business day) of such change. I understand that a false swearing or filing of misleading information is a violation of ARS 13-2703, which constitutes a Class 6 felony.

Signature of Applicant

Date

State of Arizona

County of Maricopa

On _____, 200_, _____ personally appeared before me,

_____ who is personally known to me

_____ whose identity I proved on the basis of _____,

_____ whose identity I proved on the oath/affirmation of

_____ a credible witness

to be the signer of the above document and he/she acknowledged that he/she signed it.

Notary Public

OFFICE USE ONLY

POLICE DEPARTMENT:

_____ Approval _____ Denial _____ Date _____
Chief of Police (signature)

Reason, if denial:

MANAGEMENT SERVICES DEPARTMENT / TAX AND LICENSE DIVISION:

Fees paid: _____ ID Card issued: _____

Sexually Oriented Business - Company Permit # (Master Permit): _____